0748142

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

247196 US 25 DV

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			1				ŀ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* 8			X\$ 9=		OR	X\$18=	1
INDEPENDENT CLAIMS			∫ minus 3 =		6/		•	X43=		OR	X86=	_
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	_
* If the difference in column 1 is less than zero, enter "0" in column 2						1	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							,	OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		CLAIMS	T	HIGH		(Column 3)	וו		ADDI-	) 		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT		RATE	TIONAL		RATE	TIONAL FEE
	Total	* (	Minus	<b></b>	0	=		X\$ 9=		OR	X\$18≈	
	Independent	* (	Minus		3_			X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JETIPLE DE	PENDENT	CLAIM		J	+145=		OR	+290=	
							ı	TOTAL		OR	TOTAL	
		(Column 1)		(Colun	nn (1)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
		CLAIMS		HIGH		(Coldinin 3)	7 6		4001	1		4001
AMENOMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	1 [	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDENT	CLAIM		<b>,</b>	+145=		OR	+290=	
								TOTAL DDIT. FEE		ÖR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	nn 21	(Column 3)	ĺ	DDII. FEE		•	ADDIT. FEEL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	_	=		X\$ 9=		OR	X\$18=	
	Independent	<b>#</b>	Minus	***	•		lt	· X43=			X86=	:
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.   **TOTAL**  **TOTAL**												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  ADDIT. FEE												
		ber Previously Paid					r four	nd in the appr	ropriate box	in coli	imn 1.	